#### PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS <u>IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS</u> EXEMPTION — Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? Name: 2021 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: E. Dis you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? exceeding \$1,000 during the reporting period? REPORT TYPE FILER a. Own any reportable asset that was worth more than \$1,000 at the b. Receive more than \$200 in uneamed income from any reportable end of the reporting period? Of asset during the reporting period Hon. Doris O. Matsul × × 2021 Annual (Due: May 16, 2022) House of Representatives Member of the U.S. State: CA 6 **78 488** ¥**8** 좋 ₩ Daytime Telephone: × × × × Amendment 퐇 <u>z</u> 중 중 ş For Use by Members, Officers, and Employees LaGISLATIVE RESOURCE CENTER × H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Q. Did you, your spouse, or your dependent child receive any reportable giff(s) totaling more than \$415 in value from a single Did any individual or organization make a donation to charity in tieu of paying you for a speech, appearance, or article during the source during the reporting period? 202-225-7163 Form A Employee Officer or **Employing Office:** Termination Date of Termination; 022 HAY I I AM II: 16 A send repairiy scalifie assessed against any individual who sessional terms and against any DELIVERED HAND Shared Staff Filer Type: (If Applicable) ₹ 8 **₩ 8 8** 8 8 Principal Assistant 중 중 ᇂ 픙 중 중 중 Page 1 of 15 × × X × × × ×

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## SCHEDULE C - EARNED INCOME

Name: Hon. Doris O. Matsui Page 10 of 15

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. INCOME LIMITS and PROHIBITED INCOME: The 2021 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$29,595. The 2022 limit is \$29,895. In addition, certain types of Income (notably honoraria, director's fees, and payments for professional services involving a fluctary relationship) are totally prohibited. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

III adminon, certain	пт адмиот, сетал турсь от палите (талкия котолана, опески в тесь, ата раупенть от ротевялия ветисе итилиту в пислету	realwailp) are wally profibiles.	
	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State	Approved Teaching Fee	\$8,000
Examples:	State of Maryland	Legislathe Pension	\$18,000
	Civil Weir Roundistrie (Oct. 2)	Spouse Speech	\$1,000
•	Onterio County Board of Education	Spouse Selary	NA
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### SCHEDULE D - LIABILITIES

Name: Hon. Doris O. Matsui Page 11 of 15

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all tabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

Σ. Σ.	Creditor
	Exemple First Bank of Wilmington, DE
ΤĽ	American Express
SP	Chase
SР	Northern Trust Visa

#### SCHEDULE E - POSITIONS

Advisory Board Member Regent Member of Advisory Council Report ell positions, compensated or uncompensated, held during the current or prior extendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entitles (such as political parties and campaign organizations); and positions solely of an honorary nature. **Position** Smithsonian National Museum of African American History and Culture Smthsonian National Museum of American History Smithsonian, Board of Regents Name of Organization

### SCHEDULE F - AGREEMENTS

Name: Hon. Doris O. Matsui Page 12 of 15

employer. Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former Parties to Agreement Terms of Agreement

#### SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an inclividual (which may not include a registered tobbylist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$166 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source Mr. Joseph Smith, Artington, VA	Description  Silver Platter (prior determination of personal triandship received from the Committee on Ethics)	Value sco

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Hon. Doris C. Matsui

identify the source and list travel timerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$4.15 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and relimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act. (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

	8-ALINO'S	Data(e)	City of Departure-Destination-City of Return	Lodging?	Food? (Y/N)	Family Member Included? (Y/N)
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IEU OF HONORARIA	Name: Hon. Doris O. Matsui		Page 14 of 15
ist the source, activity ( <i>i.e.</i> , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a cha onfidential list of charities receiving such payments must be filed directly with the Committee on Ethios.	r of an event to a charitable organization	in lieu of paying an hono	nflable organization in lieu of paying an honorarium to you. A separate
Source	Activity	Date	Amount
:xamples: Association of American Associations, Washington, DC  XYZ Magazine	Speech	Feb. 2, 2021 Aug. 13, 2021	\$2,000

Name: Hon. Doris O. Matsui

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